# 140% - 186 - 8075

FEC FORM 3X

## REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED

Coffice OSE Only 1 NH 9: 21

1. NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If ty over the lines.		FE4M5 FEE N	AIL CENTER
Communiti	es APPLIE	ed Policy S	TRATEGIES	1 1 1 1 1 1	1 1 1 1 1
1 1	, , <u>, , , , , , , , , , , , , , , , , </u>		<u> </u>	1 1 1 1 1 1 1	1 
ADDRESS (number and street	17654	ISley Aver	we.		
Check if different than previously reported. (ACC)	143 Neg	388 1 1 1 1 1 1	<u>                                      </u>	1 8914	71-1-1-1
2. FEC IDENTIFICATIO	N NUMBER ▼	CITY A	STATE	E▲ ZIP	CODE A
C00,5,7,0	5.3.1	3. IS THIS REPORT	NEW (N) OR	AMENDED (A)	•
4. TYPE OF REPORT (Choose One)	Report	Feb 20 (M2)	May 20 (M5)	Aug 20 (M8)	Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:	Due On:	Mar 20 (M3)	Jun 20 (M6)	Sep 20 (M9)	Dec 20 (M12). (Non-Bection Year Only)
April 15 Quarterly Rep	ort (Q1)	Apr 20 (M4)	Jul 20 (M7)	Oct 20 (M10)	Jan 31 (YE)
July 15 Quarterly Rep	(C) 12-Day			General (12G) Special (12S)	Runoff (12R)
October 15 Quarterly Rep	·	or title.	E-c.C		
January 31 Year-End Rep	- · · · · · · · · · · · · · · · · · · ·	Election on			the ate of
July 31 Mid-Y Report (Non-e Year Only) (M	lection (a) 30-Day	`	30G) [ F	Runoff (30R)	Special (30S)
Termination R (TER)	eport	Election on	/ BYB / YYY		the ate of
5. Covering Period	111/19/8	through		241/2019	7
I certify that I have examin	7.1	best of my knowledge an		rect and complete.	
Type or Print Name of Trea Signature of Treasurer	ROTA-	J.	Date	12/22	2014
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.					
Office Use Only				FEC F	ORM 3X 12/2004
FF7AN014					

# 140M - 186 - 8076

### SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)		Page 2
Write or Type Committee Name	Applied Policy S	stro-region
Report Covering the Period: From:		To: 111 / 24 / 26 V4
<u> </u>	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand  january 1,		
(b) Cash on Hand at  Beginning of Reporting Period		
(c) Total Receipts (from Line 19)		
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		t annual constitution of 2 hours described to the constitution of
7. Total Disbursements (from Line 31)	[ <u>COO</u> ;	
Cash on Hand-at-Close of     Reporting Period     (subtract Line 7 from Line 6(d))		promption upon promption and an approximation of the contract
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		
Debts and Obligations Owed BY     the Committee (Itemize all on     Schedule C and/or Schedule D)	0000	
This committee has qualified as a multic	candidate committee. (see FEC FORM 1M)	
	For further information contact:	
	Federal Election Commission 999 E Street, NW Washington, DC 20463	
	Toll Free 800-424-9530 Local 202-694-1100	

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### SCHEDULE L-B (FEC Form 3X) ITEMIZED DISBURSEMENTS

PAGE FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the

OF

5 4c Aggregation Page OF LEVIN FUNDS Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Full Name (Last, First, Middle Initial) / Full Organization Name Date of Disbursement MAMI/ DED / Mailing Address City State Zip Code Amount of Each Disbursement this Period Purpose of Disbursement Full Name (Last, First, Middle Initial) / Full Organization Name B. Date of Disbursement MAN / DED Mailing Address City State Zip Code Amount of Each Disbursement this Period Purpose of Disbursement Full Name (Last, First, Middle Initial) / Full Organization Name C. Date of Disbursement Mailing Address City State Zip Code Amount of Each Disbursement this Period Purpose of Disbursement Full Name (Last, First, Middle Initial) / Full Organization Name D. Date of Disbursement Mailing Address City Zip Code State Amount of Each Disbursement this Period Purpose of Disbursement Full Name (Last, First, Middle Initial) / Full Organization Name E. **Date of Disbursement** Mailing Address City State Zip Code Amount of Each Disbursement this Period Purpose of Disbursement SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

## SCHEDULE L-A (FEC Form 3X) ITEMIZED RECEIPTS OF LEVIN FUNDS

Use separate schedule(s) for each category of the Aggregation Page

FOR LINE NUMBER: (check only one)

 1a	į	2

OF

PAGE

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

_				
	NAME OF COMMITTEE (IN FUII)	APPLIE	6 Polic	-7 Strategies
А.	Full Name (Last, First, Middle Initial) / Full Organi	zation Name		Date of Receipt
	Mailing Address			handred frankred (makendumbered
	City	State	Zip Code	Amount of Each Receipt this Period
	Name of Employer or Principal Place of Business			Aggregate Year-to-Date
	Occupation			
8.	Full Name (Last, First, Middle Initial) / Full Organi	zation Name		Date of Receipt
	Mailing Address			1 handle bearing
	City	State	Zip Code	Amount of Each Receipt this Period
	Name of Employer or Principal Place of Business		· · · · · · · · · · · · · · · · · · ·	Aggregate Year-to-Date
	Occupation		·	
С.	Full Name (Last, First, Middle Initial) / Full Organi	zation Name	······································	Date of Receipt
	Mailing Address		<u></u>	Locational benefit designation of
	City	State	Zip Code	Amount of Each Receipt this Period
	Name of Employer or Principal Place of Business	·		Aggregate Year-to-Date
	Occupation			
D.	Full Name (Last, First, Middle Initial) / Full Organi	zation Name		Date of Receipt
	Mailing Address			hand hand businesses
	City	State	Zip Code	Amount of Each Receipt this Period
	Name of Employer or Principal Place of Business		<del></del>	Aggregate Vear-to-Date
	Occupation			Aggregate Year-to-Date
s	UBTOTAL of Receipts This Page (optional)		<b>&gt;</b>	00.00
7	OTAL This Period (last page this line number only	)	• • • • • • • • • • • • • • • • • • •	

### SCHEDULE L (FEC Form 3X)

**AGGREGATION PAGE: LEVIN FUNDS** 

NAM	E OF COMMITTEE (In Full)	NUNITIES APPLIED	Division Strategics				
NAM	E OF ACCOUNT	MOHILLES HALCIES	1-0cicy 31200g121				
		COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE				
1.	RECEIPTS FROM PERSONS (a) Itemized(Use Schedule L-A)	namenantineerikamatineerikamatineerikamatineerikanisiksi ja	general processing a second processing a second processing and a second processing and a second processing a second processing a second processing and a second processing a second proces				
	(b) Unitemized	greengewaynengewaynengewaynengewaynengewaynengewaynenge	gamengamengamengamengamengamengamengamen				
	(c) Total	termination of the state of the	รู้ เพราะ เกราะ กรุ่ง และ ครู้ กระการการการการการการการการการการการการการก				
2.	OTHER RECEIPTS	Concert Manuscophorous Chemical International Control of Control o	Because the season to the seas				
3.	TOTAL RECEIPTS						
4:	TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)						
	(a) Voter Registration	American Ame	Remarken perioder man Francisco mentido en contracto de constitucio de la constitució de constitucio de la constitució de cons				
	(b) Voter ID	Scored Long State of Control of the	an anthomic disease I the and was the west to send the contribution of the send to send the contribution of the contribution o				
	(c) GOTV	Basesti mandarastinantikus matarastikan sikan sikan daran daran sikan sikan sikan sikan sikan sikan sikan sika Sikan ja masa jaran pa samagan sina gamanga samanga sina sikan sikan sikan sikan sikan sikan sikan sikan sikan	d servent in seen the seen all consent decrees all consent decrees of the seen all seen and the consent decrees of the seen all seen and the seen all seen a				
	(d) Generic Campaign	te sand a sand a mand a	kanning disempanya kan sa I Dengan disempanda masah I Dengan disempanda mang sa disempanda menanda pana disepanya ngan mang sa mang panasang panasang panasang panasang panasang manang panasang manang panasang				
	(e) Total		A second considerated between the control because the control of t				
<b>5</b> . ્	OTHER DISBURSEMENTS	Executions of the confidence o					
6.	TOTAL DISBURSEMENTS(Add Lines 4e and 5)						
. <b>7</b> ,	BEGINNING CASH ON HAND(for Column B, use cash as of January 1st)						
8.	RECEIPTS						
9.	SUBTOTAL(Add Lines.7 and 8)						
10.	DISBURSEMENTS(From Line 6)						
<b>11</b> .	ENDING CASH ON HAND(Subtract Line 10 From Line 9)		in the state of th				
			•				

# 130M - 136 - 3000

## SCHEDULE H6 (FEC Form 3X) DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS FOR ALLOCATED FEDERAL ELECTION ACTIVITY

(To be used by State, District and Local Party Committees Only)

PAGE	<b></b> OF
FOR LINE	30a OF FORM 3X

05 00111177777 () 5 11	<u></u>				
COMMUNITIES APPLIED POLICY STRUTESIES					
CC/MMODITIES TIPPERED FOCIE					
A. Full Name (Last, First, Middle Initial) / Full Organization Name	Type of Allocated Activity or Event:  Voter Registration GOTV  Voter ID Generic Campaign				
Mailing Address	Allocated Activity or Event Year-To-Date				
City State Zip Code	Inscribe walkers (Moselle england Done Derrollen Laborator en la				
Purpose of Disbursement Category/	Date / Date				
FEDERAL SHARE + LEVIN SHARE	= TOTAL AMOUNT				
B. Full Name (Last, First, Middle Initial) / Full Organization Name	Type of Allocated Activity or Event:				
	Voter Registration GOTV Voter ID Generic Campaign				
Mailing Address	Allocated Activity or Event Year-To-Date				
City State Zip Code	การเก็บเกราะเก็บเกราะให้เกราะที่เกิดเหลือเกราะที่ประเทศเปรียนเหลือเกราะเก็บเกราะเก็บเกราะเก็บเกราะเก็บเกราะเก็				
Purpose of Disbursement Category/	Date				
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FEDERAL SHARE + LEVIN SHARE	= TOTAL AMOUNT				
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	Type of Allocated Activity or Event:  Voter Registration GOTV				
C. Full Name (Last, First, Middle Initial) / Full Organization Name	Type of Allocated Activity or Event:  Voter Registration GOTV  Voter ID Generic Campaign  Allocated Activity or Event Year-To-Date				
C. Full Name (Last, First, Middle Initial) / Full Organization Name  Malling Address	Type of Allocated Activity or Event:  Voter Registration GOTV  Voter ID Generic Campaign  Allocated Activity or Event Year-To-Date				
C. Full Name (Last, First, Middle Initial) / Full Organization Name  Mailing Address  City State Zip Code  Purpose of Disbursement Category/ Type  FEDERAL SHARE + LEVIN SHARE	Type of Allocated Activity or Event:  Voter Registration GOTV Voter ID Generic Campaign  Allocated Activity or Event Year-To-Date  Date  TOTAL AMOUNT				
C. Full Name (Last, First, Middle Initial) / Full Organization Name  Mailing Address  City State Zip Code  Purpose of Disbursement Category/ Type	Type of Allocated Activity or Event:  Voter Registration GOTV  Voter ID Generic Campaign  Allocated Activity or Event Year-To-Date  Backson March 1 and 1 an				
C. Full Name (Last, First, Middle Initial) / Full Organization Name  Mailing Address  City State Zip Code  Purpose of Disbursement Category/ Type  FEDERAL SHARE + LEVIN SHARE	Type of Allocated Activity or Event:  Voter Registration GOTV  Voter ID Generic Campaign  Allocated Activity or Event Year-To-Date  Backbarn Many Almost American American Activity or Event American Activity or Event Year-To-Date  Total AMOUNT				
C. Full Name (Last, First, Middle Initial) / Full Organization Name  Mailing Address  City State Zip Code  Purpose of Disbursement Category/ Type  FEDERAL SHARE + LEVIN SHARE  FEDERAL SHARE + LEVIN SHARE  FEDERAL SHARE + LEVIN SHARE	Type of Allocated Activity or Event:  Voter Registration GOTV  Voter ID Generic Campaign  Allocated Activity or Event Year-To-Date  Date  TOTAL AMOUNT  TOTAL AMOUNT				
C. Full Name (Last, First, Middle Initial) / Full Organization Name  Mailing Address  City State Zip Code  Purpose of Disbursement Category/ Type  FEDERAL SHARE + LEVIN SHARE  FEDERAL SHARE + LEVIN SHARE  FEDERAL SHARE + LEVIN SHARE	Type of Allocated Activity or Event:  Voter Registration Generic Campaign  Allocated Activity or Event Year-To-Date  Total AMOUNT  TOTAL AMOUNT  TOTAL AMOUNT				
C. Full Name (Last, First, Middle Initial) / Full Organization Name  Mailing Address  City State Zip Code  Purpose of Disbursement Category/ Type  FEDERAL SHARE + LEVIN SHARE  FEDERAL SHARE + LEVIN SHARE  TOTAL This Period (last page for each line only) (Federal share to 30(a)(i) and Levin share FEDERAL SHARE	Type of Allocated Activity or Event:  Voter Registration GOTV  Voter ID Generic Campaign  Allocated Activity or Event Year-To-Date  TOTAL AMOUNT  TOTAL AMOUNT  TOTAL AMOUNT  TOTAL AMOUNT				
C. Full Name (Last, First, Middle Initial) / Full Organization Name  Mailing Address  City State Zip Code  Purpose of Disbursement Category/ Type  FEDERAL SHARE + LEVIN SHARE  FEDERAL SHARE + LEVIN SHARE  TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share	Type of Allocated Activity or Event:  Voter Registration Generic Campaign  Allocated Activity or Event Year-To-Date  Date  TOTAL AMOUNT  TOTAL AMOUNT  TOTAL AMOUNT  TOTAL AMOUNT				

### SCHEDULE H5 (FEC Form 3X)

#### TRANSFERS OF LEVIN FUNDS RECEIVED FOR ALLOCATED FEDERAL ELECTION ACTIVITY

(To be used by State, District and Local Party Committees Only)

PAGE OF FOR LINE 18b OF FORM 3X
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To be used by State, District and Local Farty Committee	FOR LINE 18b OF FORM 3X
NAME OF COMMITTEE (In Full)	Ulbrieg byrich Stuteller
NAME OF ACCOUNT  DATE OF RECEIPT  DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
BREAKDOWN OF THIS TRANSFER	VOTER RECIETRATION
I) Voter Registration  Total Amount Transferred for Voter Registration	VOTER REGISTRATION
li) Voter ID  Total Amount Transferred for Voter ID	VOTER ID  O O O
III) GOTV  Total Amount Transferred for GOTV	GOTV  COCO  Cococococococococococococococococococo
Iv) Generic Campaign Activity  Total Amount Transferred for Generic Campaign Activity	GENERIC CAMPAIGN ACTIVITY  O COO
NAME OF ACCOUNT DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
BREAKDOWN OF THIS TRANSFER	VATER RESISTANTION
i) Voter Registration  Total Amount Transferred for Voter Registration	VOTER REGISTRATION
ii) Voter ID  Total Amount Transferred for Voter ID	VOTER ID.
til) GOTV  Total Amount Transferred for GOTV	
Iv) Generic Campalgn Activity  Total Amount Transferred for Generic Campaign Activity.	GENERIC CAMPAIGN ACTIVITY
TOTALS FOR BREAKDOWN OF TRAN	SFER RECEIVED (Last Page Only)
TOTAL This Period (Voter Registration)	
TOTAL This Period (Voter ID)	
TOTAL This Period (GOTV)	
TOTAL This Period (Generic Campaign Activity)	
TOTAL This Period (Total Amount of Transfers Received)	

# 140M - 146 - MO82

## SCHEDULE H4 (FEC Form 3X) DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

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N/	AME OF COMMITTEE (In Full) COM	MUJI	4IEZ (	pp Cited	1 Policy Strutegier
Ā.	Full Name (Last, First, Middle Initial)				Allocated Activity or Event:  Administrative Fundraising Exempt
	Mailing Address	···			Voter Drive Direct Candidate Support
	City	State	Zip Code	·	Public Comm (ref to party only) by PAC
	Purpose of Disbursement:				Allocated Activity or Event Year-To-Date
	Activity or Event Identifier:			Category/ Type	Date Scarce Francisco Control of
	FEDERAL SHARE	+	NONFEDERAL		= TOTAL AMOUNT
	grant of the state	Same Samuella	an Dinne Committee (Non	and the second s	promise mention and y second month many transfer and tran
В.	Full Name (Last, First, Middle Initial)				Allocated Activity or Event:
	Mailing Address	<u>.</u>		<del></del>	Administrative Fundraising Exempt  Voter Drive Direct Candidate Support
	City	State	Zip Code		Public Comm (ref to party-only) by PAC
	Purpose of Disbursement:	<del></del> -			Allocated Activity or Event Year-To-Date
		·			Commentation recognition of Describer and De
	Activity or Event Identifier:			Category/ Type	Date
	FEDERAL SHARE	+	NONFEDERAL	SHARE	= TOTAL AMOUNT
	Accommodition and the configuration of the configur		anna (paramayan magazi bangan) mani 12 mani manani banyah 2 man		
c.	Full Name (Last, First, Middle Initial)				Allocated Activity or Event:  Administrative Fundraising Exempt
	Mailing Address				Voter Drive Direct Candidate Support
	City.	State	Zip Code	·	Public Comm (ref to party only) by PAC
	Purpose of Disbursement:			i sansaksarasimana	Allocated Activity or Event Year-To-Date
	Activity or Event Identifier:			Category/	Charles Value Valu
			··	Туре	Date Canadiana harribana harribana
	FEDERAL SHARE  procedures Control Cont	Successionness.	NONFEDERAL	-	TOTAL AMOUNT
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ŞI	JBTOTAL of Allocated Federal and NonFedera FEDERAL SHARE	I Activity Thi	is Page NONFEDERAL	SHARE	= TOTAL AMOUNT
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T	OTAL This Period (last page for each line only)		are to 21(a)(i) and	d NonFederal sh	•
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# 140M - 156 - MOSM

## SCHEDULE H3 (FEC Form 3X) TRANSFERS FROM NONFEDERAL ACCOUNTS FOR ALLOCATED FEDERAL / NONFEDERAL ACTIVITY

PAGE	OF	
i		

NAME OF COMMITTEE (In Full)				
COMMUNITIES APPLIED POLICY STATERIAS				
- <b>1</b>	E OF RECEIPT  TOTAL AMOUNT TRANSFERRED  OCCO			
BREAKDOWN OF TRANSFER RECEIVED	Come And Description of the security for security in the security of the secur			
i) Total Administrative	Sementary and the confirmation of the confirma			
II) Generic Voter Drive	COO			
iii) Exempt Activities	processing and an experimental processing and the second control of the second control o			
iv) Direct Fundralsing (List Activity or Event Identifier)				
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	was demand to be a first through the continue of the continue			
v) Direct Candidate Support (List Activity or Event Ide	entifier)			
a)	erent over A Variant announce There a brown discount There a brown a beauty and the second			
h) 8	and the state of t			
	upport			
vi) Public Communications Referring Only to Party	(Made by PAC)			
TOTALS FOR BR	EAKDOWN OF TRANSFER RECEIVED			
TOTAL This Period (Administrative)				
TOTAL This Period (Generic Voter Drive)	A COC			
TOTAL This Period (Exempt Activities)				
TOTAL This Period (Direct Fundraising)				
TOTAL This Period (Direct Candidate Support)				
TOTAL This Period (Public Communications Referring Only	to Party)			
TOTAL This Period (Total Amount Transferred)	The state of the s			

# 140M - 1MO - MOX4

## SCHEDULE H2 (FEC Form 3X) ALLOCATION RATIOS

PAGE OF

ALLOCATION RATIOS		
NAME OF COMMITTEE (In Full) COMMUNITIES APP	LIES POLICY	Studelitx
RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDA ACTIVITIES APPEARING ON THIS REPORT.	TE SUPPORT	
Methods of allocation:		
FUNDRAISING activities are allocated using the "funds received method expenses must equal the federal proportion of monies raised.	hod" where the federal pro	oportion of
II. Shared DIRECT CANDIDATE SUPPORT activities are allocated accommodate the federal proportion of disbursements is based on the benefitivity. For PACs Only: Direct candidate support includes public commistederal and nonfederal candidates, regardless of whether there is a rare allocated using a time/space method.	it derived by federal candi nunications or voter drives	dates from the ac- that refer to both
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
ACTIVITY IS:  Fundraising Direct Candidate Support  CHECK IF THE RATIO IS:  New Revised Same as Previously Reported	%	was a second sec
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
ACTIVITY IS:  Fundraising Direct Candidate Support  CHECK IF THE RATIO IS:  New Revised Same as Previously Reported	**************************************	positive de la constitue de la
ACTIVITY OR EVENT IDENTIFIER		
ACTIVITY IS:  Fundraising Direct Candidate Support CHECK IF THE RATIO IS:  New Revised Same as Previously Reported	FEDERAL %	NONFEDERAL %
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
ACTIVITY IS:  Fundraising Direct Candidate Support  CHECK IF THE RATIO IS:  New Revised Same as Previously Reported	%	
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
ACTIVITY IS:  Fundraising Direct Candidate Support  CHECK IF THE RATIO IS:  New Revised Same as Previously Reported	%	Commission of the contract of
ACTIVITY OR EVENT IDENTIFIER  ACTIVITY IS:	FEDERAL %	NONFEDERAL %
Fundraising Direct Candidate Support CHECK IF THE RATIO IS:	<b></b>	%

Same as Previously Reported

Revised

#### SCHEDULE H1 (FEC Form 3X)

#### **METHOD OF ALLOCATION FOR:**

- ALLOCATED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS
- ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES (State, District and Local Party Committees Only)
- ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE) (Separate Segregated Funds And Nonconnected Committees Only)

NAME OF COMMITTEE (In Full)			
COMMUNITIES HI	PLIED POLICY Stanfester		
	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		
USE ONLY ONE SECTI	ON, A or B		
A. State and Local Party Committees	;		
Fixed Percentage (select one)			
Presidential-Only Election Year (28% Federal)			
Presidential and Senate Election Year (36% Fed	deral)		
Senate-Only Election Year (21% Federal)			
Non-Presidential and Non-Senate Election Year (15% Federal)			
B. Separate Segregated Funds and Nonco	nnected Committees		
Flat Minimum Federal Percentage			
Flat Minimum Federal Percentage  If the committee will allocate using the flat minimum per  Or	centage of 50% federal funds, check		
If the committee will allocate using the flat minimum per			
If the committee will allocate using the flat minimum per			
If the committee will allocate using the flat minimum per or  If the committee is spending more than 50% federal fur			
If the committee will allocate using the flat minimum per or  If the committee is spending more than 50% federal fur			

### SCHEDULE F (FEC Form 3X)

## ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S) ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE

N BEHALF OF CANDIDATES FOR FEDERAL OFFICE PAGE OF			
(To be used only by Political Committees in the General Election) FOR LINE 25 OF FORM 3X			
COMMUNITIES (IN FUII)	Shotepia Check if 24-hour notice		
las your committee been designated to make or Subordinate Committee?    Full Name of Subordinate Committee?   Full Name of Subordinate Committee?	lee		
YES, name the designating committee:  Mailing Address			
City	State ZIP Code		
Full Name (Last, First, Middle Initial) of Each Payee	Purpose of Expenditure  Category/		
Mailing Address	Date Type		
City State Zip Code	Market / Do R D / A RANGO A A A A A A A A A A A A A A A A A A A		
Name of Federal Candidate Supported Office Sought: House State:	Amount		
Senate   District:	0000		
Aggregate General Election Expenditure for this Candidate	Benefit Control of the Control of th		
Full Name (Last, First, Middle Initial) of Each Payee  Mailing Address	Purpose of Expenditure  Category/ Type		
City State Zip Code	Date		
Name of Federal Candidate Supported Office Sought: House State:	_ Amount		
Aggregate General Election Expenditure for this Candidate	and the same of th		
Full Name (Last, First, Middle Initial) of Each Payee	Purpose of Expenditure  Category/		
Mailing Address	Type Date		
City State Zip Code			
Name of Federal Candidate Supported Office Sought: House State: Senate District: Presidential	Amount COOO		
Aggregate General Election Expenditure for this Candidate	The complete and the second se		
SUBTOTAL of Expenditures This Page (optional)			
TOTAL This Period (last page this line number only)			

## SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

ITE	MIZED INDEPENDENT EXPENDITURES	PAGE OF FOR LINE 24 OF FORM 3X
NAI	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
		CO05.7.0.53.I
Che	ck if 24-hour report 48-hour report New report Amends report file	ed on 12 122 2014
	Full Name of Payee	Date of Public Distribution/Dissemination
		MAN , DAG , YAYAYA
Ì	Mailing Address	Amount
ı	City State Zip Code	
		Date of Disbursement or Obligation
ı	Purpose of Expenditure Category/ Type	MEM , DOD , VALAGE
	Name of Federal Candidate Support Off	ice Sought: House District:
	Oppose	President Senate State:
	Calendar Year-To-Date Per Election for Office Sought  Dis	sbursement For: ☐ Primary ☐ General ☐ Other (specify) ▶
İ	Full Name of Payee	Date of Public Distribution/Dissemination
		LEGEL , DED , VANAGES
ľ	Mailing Address	
ı		Amount
Ī	City State Zip Code	00,00
		Date of Disbursement or Obligation
	Purpose of Expenditure Category/ Type	[
Ī	Name of Federal Candidate Support Of	fice Sought: House District:
	Oppose [	President Senate State:
- [		sbursement For: Primary General
	Per Election for Office Sought	Other (specify)
(	a) SUBTOTAL of Itemized Independent Expenditures	0,000
(	b) SUBTOTAL of Uniternized Independent Expenditures	0.000
_ (	c) TOTAL Independent Expenditures	
ν	Under penalty of perjury I certify that the independent expenditures reported herein were not with, or at the request or suggestion of, any candidate or authorized committee or agent of eith arty committee) any political party committee or its agent.	made in cooperation, consultation, or concert her, or (if the reporting entity is not a political
	Signature Date	2 22 2014.

## SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS

**Excluding Loans** 

(Use separate schedule(s) for each numbered line) PAGE OF
FOR LINE NUMBER:
(check only one)

9
10

NAN	ME OF COMMITTEE (In Full)	WHITES APPLI	Ed Policy Strateour
1	A. Full Name (Last, First, Middle Initial) of Deb	tor or Creditor	Nature of Debt (Purpose):
ļ	Mailing Address		
1	City State	Zip Code	
	Outstanding Balance Beginning This Period  Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
T	B. Full Name (Last, First, Middle Initial) of Debt	or or Creditor	Nature of Debt (Purpose):
ħ	Mailing Address		
1	City State	Zip Code	
	Outstanding Balance Beginning This Period  Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
Ī	C. Full Name (Last, First, Middle Initial) of Deb	otor or Creditor	Nature of Debt (Purpose):
ħ	Mailing Address	· ·	
ŀ	City	State Zip Code	
	Outstanding Balance Beginning This Period  Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
1)	SUBTOTALS This Period This Page (optional).	· · · · · · · · · · · · · · · · · · ·	
2)	TOTALS This Period (last page this line number	er only)	
3)	TOTAL OUTSTANDING LOANS from Schedule	e C (last page only)	Consideration of the configuration of the configura
4)	ADD 2) and 3) and carry forward to appropriat	ie line of Summary Page (last page only)	

## SCHEDULE C-1 (FEC Form 3X) LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Supplementary for Information found on Page \_\_\_\_ of Schedule C

rederal Election Commission, Washington, D.C. 20403				
NAME OF COMMITTEE (In Full)  FEC IDENTIFICATION NUMBER				
Communities Applied PolicyStola 0005.7.053.1				
LENDING INSTITUTION (LENDER)	Amount of Loan	Interest Rate (APR)		
Full Name	L. CC	<b>100 1</b> %		
Mailing Address	Date Incurred or Established	man , lass , Laconson		
City State Zip Code	Date Due			
A. Has loan been restructured? No Yes	If yes, date originally incurred			
B. If line of credit,	Total			
Amount of this Draw:	Outstanding Balance:			
C. Are other parties secondarily liable for the debt incurred No Yes (Endorsers and guarantors mu	ed? ist be reported on Schedule C.)			
D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral?  No Yes If yes, specify:				
Does the lender have a perfected securi interest in it? No Yes				
E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? No Yes If yes, specify:				
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).				
Date account established:	Address:			
May / Bas / Arvayay	City, State, Zip:			
F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.				
G. COMMITTEE TREASURER  Typed Name Post Martinez  Signature (1) / 2014				
West Way				
H. Attach a signed copy of the loan agreement. 1				
TO BE SIGNED BY THE LENDING INSTITUTION:     To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above.				
II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.				
III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.				
AUTHORIZED REPRESENTATIVE	•	DATE		
Typed Name Signature Titl	le			
	į	toward hadren		

SCHEDULE C	(FEC	Form	3X)
LOANS			

Use separate schedule(s) PAGE

OF

LOANS		for each category of the Detailed Summary Page	FOR LINE 13 OF FORM 3X
NAME OF COMMITTEE (In Full)	MMUNITIES	Applied Poli	cy Strategies
LOAN SOURCE Full Name (Last, F		V	ection:  Primary  General
Mailing Address			Other (specify)
City	State ZIP	Code	
Original Amount of Loan	Cumulative Payment		Outstanding at Close of This Period
	$\infty$		
TERMS Date Incurred	Date C	Due interest Rate	Secured:  Yes No
List All Endorsers or Guarantors (i	* -	·	
1. Full Name (Last, First, Middle In	tiai)	Name of Employer	
Mailing Address	<del></del>	Occupation	
City	State ZIP Code	Guaranteed	and from the special processing the state of the special processing the state of the special processing of the special pro
2. Full Name (Last, First, Middle Init	al)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Guaranteed	nder productive van de Marcalle van de Marcall
3. Full Name (Last, First, Middle Init	al)	Name of Employer	
Mailing Address		Occupation	
	State ZÎP Code	Guaranteed Outstanding:	กระสุดเกราะ เกราะ เก เกราะ เกราะ เก
4. Full Name (Last, First, Middle Init	(al)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	nampanangan meganangan peneringan mengunangan penering
SUBTOTALS This Period This Page (o	ptional)		
TOTALS This Period (last page in this	line only)		000
Carry outstanding balance only to LIN	E 3, Schedule D, for this line	e. If no Schedule D, carry forward	to appropriate line of Summary.

	CHEDULE B (FEC Form 3X)	Lice constate cabedulo(s)		TOUBLIT.
T	EMIZED DISBURSEMENTS	for each category of the  Detailed Summary Page	(check only	one) 22 23 24 25 26
	<del></del>		27	28a 28b 28c 29 30b
	y information copied from such Reports and Statem for commercial purposes, other than using the nam			
$\overline{\ }$	NAME OF COMMITTEE (In Early)	A .		Policy StrategiEr
/		COH CHET IN	rrulo	rung sharyle
۹.	Full Name (Last, First, Middle Initial)			Date of Disbursement
	AA-Day Adday			
	Mailing Address			Consideration of the Constant
	City	tate Zip Code		
	Purpose of Disbursement		re-wantymen	Amount of Fook Disharasans Nie D.
	Candidate Name		Category/	Amount of Each Disbursement this Period
	Office Sought:   House   Disbursem	ent For	Type	terment word was to be a supplied to the supplied of the suppl
		Primary General		
	President State: . District:	Other (specify) ▼		
	Full Name (Last, First, Middle Initial)			·
В.				Date of Disbursement
	Mailing Address			answerterment connections of basedomeritarisations
	City	State Zip Code		
	Purpose of Disbursement		NAME OF TAXABLE PARTY O	1
	Candidate Name		Category	Amount of Each Disbursement this Period
	Office Squaht:		Category/ Type	- Description of the section of the
	Office Sought: House Disburserr Senate	nent For:  Primary General	,	·
	President State: District:	Other (specify) ▼		
	Full Name (Last, First, Middle Initial)	· · - ·-		
C.				Date of Disbursement
	Mailing Address			Constitution of the second of
	City	State Zip Code		
	Purpose of Disbursement		Name of State of Stat	
	Candidate Name		Category/ Type	Amount of Each Disbursement this Period
	Office Sought: House Disburserr		туре	In continue of the continue of
		Primary ☐ General Other (specify) ▼	:	
	State: District:	· · · · · · · · · · · · · · · · · · ·		
s	SUBTOTAL of Disbursements This Page (optional)			
T	OTAL This Period (last page this line number only).		······	

### SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER: PAGE OF Use separate schedule(s) (check only one) for each category of the 11a 11b 11c **Detailed Summary Page** 13 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) COMMUNITIES APPLIED POLICY Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) Full Name (Last, First, Middle Initial) B. Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City Zip Code State Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

rsements

Page 5

111.	Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans)	Barnerthurun Barnertharund Launertharund Leunertharund Amerikann sch	Consenting well as not be marting and the mart
	(from Line 11(d), page 3)	0000	
34.	Total Contribution Refunds (from Line 28(d))		
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)		
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶		and the second s
<b>37</b> .	Offsets to Operating Expenditures (from Line 15, page 3)		
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	anced according to the section of th	proceedings growth special process growth gr

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	Operating Expenditures: (a) 'Allocated Federal/Non-Federal Activity (from Schedule H4)	bearderechanguageschenethenerherechangusghengl	Properties of the second secon
	(i) Federal Share		
	(ii) Non-Federal Share	0000	$\mathcal{O}(\alpha)$
	(b) Other Federal Operating		
	Expenditures		
	(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))▶	$\wedge \circ \circ$	
22.	Transfers to Affiliated/Other Party		
	Committees		
	Federal Candidates/Committees and Other Political Committees	0000	
24.	Independent Expenditures		and the second s
25.	(use Schedule E)		
	(52 U.S.C. § 30116(d)) (use Schedule F)	0000	000
26.	Loan Repayments Made	Considerational Development and Development an	handburghani Dordani han Burghani barin ba
27.	Loans Made	0000	000
28.	Refunds of Contributions To: (a) Individuals/Persons Other		
	Than Political Committees		
	(b) Political Party Committees		000
	(c) Other Political Committees	housed transferred is scale and as a second transferred from the second transferred fr	
	(such as PACs)		in the state of th
	(d) Total Contribution Refunds	Bus much man Chance Cha	Becamiling collingual procedum contrarrestance and mentioners becamiling at 1 and 1
	(add Lines 28(a), (b), and (c))▶		
29.	Other Disbursements	the state of the s	
30	Federal Election Activity (52 U.S.C. § 30101(2		
Ο.	(a) Allocated Federal Election Activity		·
	(from Schedule H6)	Percentinent Control of the Control	to the state of th
	(i) Federal Share	burnandamental procedure medican elemental medican de designation	
	(ii) "Levin" Share	600	
	(b) Federal Election Activity Paid Entirely	para agramagameng garang manakanang yan maganan kan maganang ng manakanang Bana agramagameng garang manakanang yan maganan kan maganang garang kan maganan kan maganan kan agraman kan ag Bana agramagameng garang kan agramagan maganang yan maganan kan manakan maganan kan agramagan kan agramagan k	den serge en regisser franklike en flas en en flas en flas en flas en flas en en flas en en flas en en flas en Grant en flas
	With Federal Funds	Secretaria resulta producti de la completa del la completa de  la completa de  la	
	Lines 30(a)(i), 30(a)(ii) and 30(b))▶	O OO	CO
<b>3</b> 1.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	600	
32.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)	Channel manufacent branches and manufacent and an articles and an articles and a second a second and a second	timesaltruealtenosilanenduanelleanrel
	from Line 31)		

## 1405-136-3095

#### **DETAILED SUMMARY PAGE**

of Receipts

Page 3

FEC Form 3X (Rev. 06/2004) Write or Type Committee Name To: Report Covering the Period: From: **COLUMN A** COLUMN' B I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)..... (ii) Unitemized ..... (iii) TOTAL (add Lines 11(a)(i) and (ii).....▶ (b) Political Party Committees ..... (c) Other Political Committees (such as PACs)..... (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) ......▶ 12. Transfers From Affiliated/Other Party Committees..... 13. All Loans Received ...... 14. Loan Repayments Received...... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)..... 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees..... 17. Other Federal Receipts (Dividends; Interest, etc.)..... 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account (from Schedule H3)..... (b) Levin Funds (from Schedule H5) ....... (c) Total Transfers (add 18(a) and 18(b))... 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).......▶ 20. Total Federal Receipts (subtract Line 18(c) from Line 19) .......

VegAs NV BAIY

EderAL Elections Commission

JO MSTEN DE

Street NW

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOM The FEC added this page to the end of this filing to indi	ING DOCUMENTS
Hand Dalivarad	Date of Receipt
Hand Delivered	
USPS First Class Mail	Postmarked
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
	Postmarked
USPS Priority Mail Express	Posimarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
,	siness Day Delivery
Received from House Records & Registration Office	Date of Receipt
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	e of Receipt or Postmarked
PREPARER	/2/31/14 DATE PREPARED
(8/2013)	